



# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	SEC USE ONLY			
Prefix		Serial		
	DATE RE	CEIVED		

Estimated average burden

hours per response......16.00

OMB Number:

Expires:

OMB APPROVAL

3235-0076

May 31, 2002

1297414

Name of Offering: (check if this is an amendment and name has changed, and indicate change.)					
Nickel Petroleum Resources Ltd. Unit Offering					
Filing Under (Check box(es) that apply): Rule 504 Rule 505 X Rule 506 Section 4(6)					
Type of Filing: X New Filing Amendment					
A. BASIC IDENTIFICATION DATA					
1. Enter the information requested about the issuer.					
Name of Issuer: (check if this is an amendment and name has changed, and indicate change.)					
Nickel Petroleum Resources Ltd.					
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)					
233 N. Fair Avenue, N.W., New Philadelphia, Ohio 44663 (330) 233-5155					
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)					
(if different from Executive Offices) (330) 233-5155					
233 N. Fair Avenue, N.W., New Philadelphia, Ohio 44663					
Brief Description of Business					
Oil and gas exploration and development.					
Type of Business Organization:					
X corporation					
business trust limited partnership, to be formed					
Month Year					
Actual or Estimated Date of Incorporation or Organization:  0 7 0 0 X Actual Estimated					
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postage Service abbreviation for State:   C   N					
CN for Canada; FN for other foreign jurisdiction)					

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated by the filing of a federal notice.

K of the state of	required to re	spond unless the form dis	splays a currently valid C	MB control nu	ımber
			NTIFICATION DATA	_	
<ul> <li>Each beneficial own issuer;</li> </ul>	e issuer, if the issuer having the power and director of	er has been organized with er to vote or dispose, or discorporate issuers and of co	irect the vote or disposition		nore of a class of equity securities of the
Check Box(es) that Apply:	X Promoter	Beneficial Owner	X Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if i					
Kellogg, David					
Business or Residence Address	-		e)		
233 N. Fair Avenue, N.W., New			X.F 0.00	W Di	
Check Box(es) that Apply:	X Promoter	Beneficial Owner	X Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if i Dettelbach, Kenneth	naividuai)				
Business or Residence Address	(Number and St	reet, City, State, Zip Code	2)	<del></del>	
233 N. Fair Avenue, N.W., Nev		- · · · · ·			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
McMurtrie, John Bell					
Business or Residence Address	•	reet, City, State, Zip Code	e)		
39 Alpine Meadows, Calgary,		<b>—</b>			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if i Nemis, Richard Evon			nachrobites a White	<del></del>	
Business or Residence Address 16 Firwood Drive, Richmond I			e) ·		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
	·				
Business or Residence Address	(Number and St	reet, City, State, Zip Code	e)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i					
, , , , , , , , , , , , , , , , , , , ,					
Business or Residence Address	(Number and St	reet, City, State, Zip Code	e)		
Cheels Devices that Amelia	Dramatan	Beneficial Owner	D Everytive Officer	Discotor	Company   and the Managine Posture
Check Box(es) that Apply: Full Name (Last name first, if i	Promoter	☐ Belleficial Owner	Executive Officer	Director	General and/or Managing Partner
run Name (Last name 111st, 11 1	maividuai)	•			
Business or Residence Address	(Number and St	reet, City, State, Zip Code	e)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Residence Address	(Number and St	reet, City, State, Zip Code	e)		A Company of the Comp
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partne
Full Name (Last name first, if					
		, <u>.</u>			
Business or Residence Address	(Number and St	reet, City, State, Zip Code	e)		
Check Boy(es) that Apply:	Dromoton	☐ Reneficial Owner	T Evacutive Officer	Director	General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING	
<ol> <li>Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?</li></ol>	Yes No
<ol> <li>Does the offering permit joint ownership of a single unit?</li> <li>Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.</li> </ol>	x 🗆
Full Name (Last name first, if individual) Not applicable (N/A)	
Business or Residence Address (Number and Street, City, State, Zip Code)	,
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	All States
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]  [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]  [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]  [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]  Full Name (Last name first, if individual)	All States
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]  [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]  [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]  [RI] [SC] [SD] [TN] [TX] [UT] [VA] [WA] [WV] [WI] [WY] [PR]	All States
Full Name (Last name first, if individual)	<u> </u>
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	All States

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Salaries and fees  Purchase of real estate	Payments to Off Directors, ar Affiliates  X \$ 30.	nd Payments to
	X \$ 30.	Officis
Purchase of real estate		000
	<u> </u>	
Purchase, rental or leasing and installation of machinery and equipment	□ <u>\$</u>	<u>\$</u>
Construction or leasing of plant buildings and facilities	□ <u>\$</u>	<u>\$</u>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ <b>\$</b>	X \$ 303,750
Repayment of indebtedness	□ \$	D \$
Working capital	□ <u>\$</u>	X \$ 50,625
Other (specify):		
	□ <u>\$</u>	<b>□</b> \$
Column Totals	<b>X</b> \$ 30.	,000 X \$ 354,375
Total Payments Listed (column totals added)	<b>X</b>	<b>\$</b> 384,375
D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comminformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule	nission, upon written i	
Issuer (Print or Type) Signature	Date 1	
Nickel Petroleum Resources Ltd.	6 6 184	
Name of Signer (Print or Type)  Title of Signer (Print or Type)		
Kenneth Dettelbach Director	· · · · · · · · · · · · · · · · · · ·	
ATTENTION		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATESI	CNATURE					
		, CIPATIDO	CHARUND		<u>ktalhii kla</u>			
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?							
		See Appendix, Column	5, for state response.					
2.	The undersigned issuer hereby undertakes to f 239.500) at such times as required by state law	_	rator of any state in v	which this notice is filed, a notice on Fo	rm D (17	CFR		
3.	The undersigned issuer hereby undertakes to f	urnish to the state administr	ators, upon written r	equest, information furnished by the iss	uer to of	ferees.		
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice if filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.							
	issuer has read this notification and knows the norized person.	contents to be true and has	dul caused this noti	ce to be signed on its behalf by the und	ersigned	duly		
Issu	er (Print or Type)	Signature		Date 2				
Nic	kel Petroleum Resources Ltd.		1)	@ /20/24				
Nar	ne of Signer (Print or Type)	Title (Print or Type)		<i>J</i> / '				
K er	Dettelbach	Director		V				

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2 3 4 5								
	to non- investo	nd to sell accredited ors in State 3 - Item 1)	Type of security and aggregate offering price offered in state (Part C - Item 1)		Type of investor and amount purchased in State (Part C - Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
ΑZ										
AR										
CA		X	common shares with warrants	3	32,500					
СО										
СТ		X	common shares with warrants	2	17,000					
DE										
DC										
FL		Х	common shares with warrants	11	66,875					
GA										
HI										
ID <sub>.</sub>										
IL										
IN										
IA										
KS						·				
KY		Х	common shares with warrants	1	1,500					
LA										
ME										
MD										
MA							····			
MI										
MN		X	common shares with warrants	2	9,500					
MS										
МО						·				
MT										
NE							·			

APPENDIX

1		2	3	3 4					5		
		d to sell accredited	Type of security and aggregate offering price		Type of investor and amount purchased in State (Part C - Item 2)				Disqualification under State ULOE (if yes, attach explanation of		
	investo	rs in State 3 - Item 1)	offered in state (Part C - Item 1)		(I di	. C - Helli 2)		waiver granted) (Part E - Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
NV											
NH											
NJ					<del></del>						
NM		х	common shares with warrants	9	40,000						
NY		х	common shares with warrants	2	4,000						
NC											
ND											
ОН		X	common shares with warrants	29	230,500						
ок											
OR											
PA											
RI											
SC											
SD					····						
TN					T		·····				
TX											
UT		X ·	common shares with warrants	2	7,500						
VT											
VA											
WA											
WV											
WI											
WY											
PR											